

RECERTIFICATION

PUBLIC FIRE AND LIFE SAFETY EDUCATOR I

APPLICATION PROCEDURE

The attached application forms must be used and the forms may be duplicated. The application, all accompanying documentation, and certification fee must be submitted and received at the Massachusetts Firefighting Academy before the current certification expires. The certification fee must be in the form of a personal check, bank draft, money order, municipal check, or municipal purchase order made to the order of the Massachusetts Firefighting Academy Trust Fund. All others will be rejected. Upon review and acceptance, the candidate will be recertified by the Council. Notification will be by email.

1- Submission of a completed application for recertification which includes attesting the candidate is a member of the Massachusetts Fire Service.

2- Submission of an affidavit the candidate is currently assigned to the position of Public Fire and Life Safety Educator and has held such position for at least two (2) years immediately preceding the candidate's application date or currently maintains a valid teaching certificate.

3- Submission of documentation the candidate has attended a minimum of 30 hours of continuing education. Continuing education may be obtained over the entire five year certification period with a maximum of ten hours per year.

4- Submit documentation the candidate has the following field experience.

20 hours of documented field experience with a minimum of 2 hours in each of the 3 categories of target populations.

- a) pre-school, kindergarten or elementary school,
- b) middle school, scouts, or high school, and
- c) community group, service group, adult group.

The remaining 14 hours could be in any of the three age groups.

MASSACHUSETTS FIRE TRAINING COUNCIL

Recertification Application

SECTION 1 – LEVEL

Level: RECERTIFICATION - PUBLIC FIRE AND LIFE SAFETY EDUCATOR I

SECTION 2 - APPLICANT DATA

Enter the following information.

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____
Street or Post Office Box City State Zip

Telephone: Home (_____) _____ Work (_____) _____ Last 4 digits of SS # _____

This is a new address and/or phone numbers. Check box. ☐ Email: _____

SECTION 3 - FIRE SERVICE AFFILIATION

I am a member of one or more of the following:

- ☐ A municipal fire department in the Commonwealth of Massachusetts, compensated or uncompensated, active or retired.
- ☐ A non-municipal organization whose sole function is to provide services equivalent to a municipal fire department to a municipality in the Commonwealth of Massachusetts, compensated or uncompensated, active or retired.
- ☐ Full-time employees of the Massachusetts Department of Fire Services; Massachusetts Department of Environmental Management; Massachusetts Port Authority; and the University of Massachusetts, Amherst; active or retired.*
*Full-time employees of the Department of Fire Services are defined as those full-time employees in the Haz-Mat Division, the Division of Fire Safety, and the Firefighting Academy. State Police personnel assigned to the Fire and Explosion Investigation Unit and the Hazardous Devices Unit are not considered full-time employees of the Department of Fire Services.
- ☐ Full-time, civilian (non-military) members of military fire departments on installations which are located within the Commonwealth of Massachusetts.

Current Department or Organization Name: _____

Appointment Date: _____

SECTION 4 - CERTIFICATION

Enter certification date.

Certification: Public Fire and Life Safety Educator I Date Granted: _____

SECTION 5 - MISCELLANEOUS

Check the appropriate box(es) below and complete.

- ☐ Assignment Affidavit
- ☐ Training Affidavit
- ☐ Field Experience Summary

SECTION 6 - APPLICANT CONFIRMATION

I, the applicant, by my signature below, attest that all of the above information is true.

Signature: _____ Date: _____

Note: The Training Council has an appeal process and fraud/misrepresentation policy. Visit the certification “Frequently Asked Questions” section of their website for details. (www.mass.gov/dfs)

SECTION 7 – CERTIFICATION FEE

The \$30.00 certification fee must be in the form of a personal check, money order, bank draft, municipal purchase order, or municipal check to the order of the **MASSACHUSETTS FIREFIGHTING ACADEMY TRUST FUND**. **Note: *Cash cannot be accepted.***

Please indicate the form of payment enclosed.

☐ Personal Check ☐ Bank draft ☐ Money Order ☐ Municipal Check ☐ Municipal Purchase Order

Submit this application, any accompanying documentation, and the \$30.00 certification fee to:

**Certification Examination
Massachusetts Fire Training Council
P.O. Box 1025
Stow, MA 01775**

This application, accompanying documentation and certification fee **MUST** be received at the above address no later than the close of business on the deadline date as listed in the examination schedule.

Please note: There will be a \$15.00 charge for bounced checks per 801 CMR 408.

Certification examination results will be withheld until all certification fees and surcharges (ex. bounced check fees) are paid in full.

Incomplete applications will be returned.

01-06-2017

NAME_____ Last 4 digits of SS#_____

MASSACHUSETTS FIRE TRAINING COUNCIL

PUBLIC FIRE AND LIFE SAFETY EDUCATOR I

ASSIGNMENT AND AFFIDAVIT FOR RECERTIFICATION

By my signature below, I am attesting that _____
(*candidate's full name*)

has held the position of "Public Fire and Life Safety Educator" for at least

two (2) years immediately preceding this date or currently maintains a valid teachers

certificate.

Chief of Department Signature:_____

Date:_____

NAME_____ Last 4 digits of SS#_____

PUBLIC FIRE AND LIFE SAFETY EDUCATOR I

FIELD EXPERIENCE SUMMARY FOR RECERTIFICATION

Educator Name:_____

See instructions on opposite side for proper summary completion.

					GROUP TYPE AND LENGTH			Presentation Style(s)	Audiovisual Aids
DATE	Organization	Contact Person	PHONE NUMBER	Size	A	B	C		
				Totals					

Chief of Department affirmation:_____

SignaturePrintedDate

INSTRUCTIONS FOR SUMMARY COMPLETION

Educator Name: Print the name of the educator submitting this field experience summary for initial certification.

Date: Print the date you conducted the presentation.

Organization: Print the name of the organization to whom you made your presentation. (ex. Johnson Elementary School, Boy Scouts, Meadow Senior Center, etc.)

Contact Person: Print the name of the contact person of the organization where you made the presentation such as the school principal or senior center director.

Phone Number: Print the phone number of the contact person.

Audience size: Enter the size of the audience to whom you presented. (ex. 10, 20, 100, etc.)

Group Type & Length in Hours: Indicate how long the presentation lasted by entering the number of hours in the appropriate column by group type.

A- Preschool, kindergarten, or elementary school

B- Middle school, scouts, or high school

C- Community group, service group, or adult group

Presentation Style(s): Lecture, discussion, conference, interactive, or static display/booth. (If more than one style was utilized, please abbreviate and indicate all used.)

Audiovisual aids: Overheads, slides, Powerpoint, props, robotics, video, costume (mascot), posters, or banners. (If more than one style was utilized, please abbreviate and indicate all used.)

Chief of Department Affirmation: Have the Chief of Department sign and print his or her name along with the date. This affirmation indicates you represented your department when making these presentations.

NAME_____ Last 4 digits of SS#_____

TRAINING DOCUMENTATION FOR RECERTIFICATION

Name: _____ **Date:** _____

[illegible]

Chief of Department affirmation: _____

Signature **Printed**